

INMATE'S NAME:

Rogelio Rodriguez

Dpd

7:10 PM - 0930

NON-EMERGENCY MEDICAL REQUEST / CONSENT FORM

Date of Request: February 3Time of Request: 12:00 pm

Nature of the Problem: (Use separate sheet if more than one problem.)

inflamed bags under eyes, skin Dramatic Break out, whites in eyes veins inflamed.
 Biting side of inner cheek clenching teeth, hair loss

When was it first noticed?

January 12th

What caused the problem?

Stress, Depression, Anxiety

What do you want done about it?

medical attention or solution

I hereby authorize the Park County Detention Centers Medical Authority and/or any other bo medical, dental, or optical care provider, deemed necessary by the Medical Authority, to render tree and to perform operative and/or diagnostic examination procedures as deemed necessary : advisable. I hereby authorize release of information for my further care if deemed necessary.

I UNDERSTAND THAT THERE WILL BE A MINIMUM CHARGE OF \$10.00, PER VISIT, ASSESSEI AGAINST MY FINANCIAL ACCOUNT FOR UTILIZING THE SERVICES OF THE PARK COUNTY DETENTION CENTERS MEDICAL STAFF. I accept any and all financial responsibility for any costs related to this request and understand this responsibility exists even after my release from the Park County Detention Center.

SIGNATURE:

Medical Personnel's Notes:

Uristaril 25mg. PO q PM

Notes: I filled and put one of these forms in the January 12th dont know what hapend to it it was not filed so I had to fill anothe one out this is the result.

Rogelio Rodriguez Jr

PC D C

1402 River View Dr

Cody WY 82414

LEGAL MAIL



Clerk, United States District Court

2120 Capitol Ave Room 2131

Cheyenne WY 82001

8200133658



LEGAL MAIL

INDIGENT

Park County Detention Center
1402 Riverview Drive
Cody, WY 82414



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